

State of Missouri – Enterprise Rent-A-Car®

Procurement Card Billing Form

COMPANY INFORMATION:

Department Name Phone

Address Suite Number

City, State Zip Code

Agency Director

Travel Contact Phone Number E-mail Address

Address (if different than above)

City, State Zip Code Billing Contact Person

Procurement Card Number Expiration Date on Card

Name as it appears on Card

****Please provide a clear copy of the front and back of the procurement card.****

_____, _____
(Signature- Cardholder) (Title) (Date)

_____, _____
(Signature of Agency Director or Designate) (Title) (Date)

Please fill out and fax back to:

Shawn Vieth

877-530-6732 fax

Jeffrey.s.vieth@erac.com